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## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Ferguson et al.

Title: DIAGNOSTIC APPARATUS FOR  
AND METHOD OF DETERMINING  
A KNOWLEDGE MANAGEMENT  
SOLUTION FOR AN INDIVIDUAL

Appl. No.: Unknown

Filing Date: 08/24/99

Examiner: Unknown

Art Unit: Unknown

CERTIFICATE OF EXPRESS MAILING	
I hereby certify that this correspondence is being deposited with the United States Postal Service's "Express Mail Post Office To Addressee" service under 37 C.F.R. § 1.10 on the date indicated below and is addressed to: Assistant Commissioner for Patents, Washington, D.C. 20231.	
EL182162380US (Express Mail Label Number)	8/24/99 (Date of Deposit)
Chris Escavaile (Printed Name)	
Chris Escavaile (Signature)	



**UTILITY PATENT APPLICATION**  
**TRANSMITTAL**

Assistant Commissioner for Patents  
Box PATENT APPLICATION  
Washington, D.C. 20231

Sir:

Transmitted herewith for filing under 37 C.F.R. § 1.53(b) is the nonprovisional utility patent application of:

Karen R. Ferguson  
Christine C. Albertini  
Erik Christian Kiaer  
Lawrence J. Keeley  
Dev Patnaik  
Ben Jacobson  
Kris Ryan Cohen  
Shannon Kathleen Ford  
Julie Elizabeth Hastings  
Elizabeth Marie Perez  
Paul Perkins Ratliff

Enclosed are:

- ☒ [ X ] Specification, Claim(s), and Abstract (43 pages).
- ☒ [ X ] Informal drawings (19 sheets, Figures 1-15).
- ☒ [ X ] Declaration and Power of Attorney (6 pages).
- ☐ [ ] Assignment of the invention to Steelcase Development Inc.

00382144-082499

- ☐ Assignment Recordation Cover Sheet.
- ☐ Check in the amount of \$40.00 for Assignment recordation.
- ☐ Small Entity statement.
- ☐ Information Disclosure Statement.

The filing fee is calculated below:

	Claims as Filed	Included in Basic Fee	Extra Claims	Rate	Fee Totals
Basic Fee				\$760.00	\$760.00
Total Claims:	31	- 20	= 11	x \$18.00	= \$198.00
Independents:	5	- 3	= 2	x \$78.00	= \$156.00
If any Multiple Dependent Claim(s) present:			+	\$260.00	= \$0.00
				SUBTOTAL:	= \$1,114.00
<input type="checkbox"/>				Small Entity Fees Apply (subtract ½ of above):	= \$0.00
				TOTAL FILING FEE:	= \$1,114.00

- ☒ A check in the amount of \$1,114.00 to cover the filing fee is enclosed.
- ☐ The required filing fees are not enclosed but will be submitted in response to the Notice to File Missing Parts of Application.
- ☒ The Assistant Commissioner is hereby authorized to charge any additional fees which may be required regarding this application under 37 C.F.R. §§ 1.16-1.17, or credit any overpayment, to Deposit Account No. 06-1447. Should no proper payment be enclosed herewith, as by a check being in the wrong amount, unsigned, post-dated, otherwise improper or informal or even entirely missing, the Assistant Commissioner is authorized to charge the unpaid amount to Deposit Account No. 06-1447.

Please direct all correspondence to the undersigned attorney or agent at the address indicated below.

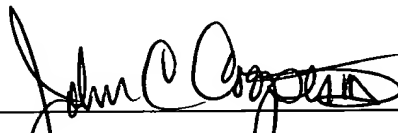
Respectfully submitted,

Date

August 24, 1999

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By

  
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